

Form TT-7

Commonwealth Of Virginia Virginia Department Of Taxation Virginia Consumer Cigarette Tax Return

- Virginia law requires every person using and consuming cigarettes purchased at retail to be liable for the Virginia Cigarette Excise Tax (1.5 ¢ a stick or \$3 a carton), unless such tax has been paid by the seller, as evident by the presence of a Virginia revenue stamp affixed to such pack of cigarettes. The Tax Department may assess this tax based on the best information available if the consumer fails to file this return.
- Sales Tax (Virginia Form ST-7 or CU-7) may also be due, in addition to the Cigarette Excise Tax.
- Most Virginia tax forms can be obtained from our Web-site www.tax.virginia.gov or by calling the Virginia Department of Taxation's Forms Request Unit at (804) 440-2541.
- **Questions:** Call (804) 371-0730 or write the **Virginia Department of Taxation, Tobacco Unit; P.O. Box 715; Richmond, VA 23218-0715.**

- Cigarette Tax is due on the 10th day of the month following the date of purchase.
- The tax is \$3.00 per carton.
- Make check payable to: **Virginia Department of Taxation**
- Mail completed form, with payment and copies of the purchase invoices to :
**Virginia Department of Taxation
Tobacco Unit
P. O. Box 715
Richmond, VA 23218-0715**

For Period Beginning (Enter month and year.) _____ **and Ending** (Enter month and year.) _____

Consumer's Name		Social Security or Federal Employer's identification Number		Contact Telephone Number		
Address		City			State	ZIP
Column A	Column B	Column C	Column D	Column E	Column F	Column G
Seller's Name	Seller's Address or Web Address, When Applicable	Transaction Date	Invoice Number	Brand Name of Cigarettes Purchased (Separate line for each brand.)	Number of Cigarette Cartons Purchased	Tax Due This Purchase (Column F X \$3.00)
Total Cigarette Tax Due						\$
Declaration and Signature						
I declare that this return (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.						
Signature				Date	Phone Number	